

# NCBD News

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## Update on NCBD 2000 Sponsor Reports

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We are pleased to announce that commercial adult and child sponsor reports were delivered according to schedule on November 1 to all commercial sponsors participating in Phase III of the NCBD (2000). Fifteen commercial sponsors submitted Adult CAHPS 2.0 or 2.0H survey data, for a total of 282 adult commercial plans including 311,065 responses. The average response rate across all plans was 48.02%.

We are currently compiling Medicaid adult and child sponsor reports for delivery during the week of December 18. Seventeen Medicaid sponsors submitted survey data, including 14 state Medicaid agencies, for a total of 156 adult plan samples (with 49,327 responses) and 138 child plan samples (with 41,504 responses). The average response rate was 37.56% for the adult survey and 40.05% for the child survey.

A list of commercial and Medicaid sponsors participating in 2000 is available on the NCBD web site at: <http://ncbd.cahps.org/>.

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## Annual Report Available in Spring 2001

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We will release the first *NCBD Annual Report* in Spring of 2001. The report will present key findings from CAHPS survey responses collected in 1999 and 2000 and submitted to the NCBD by participating survey sponsors. The focus of the first NCBD Annual Report will be on differences and similarities in CAHPS survey results across the three major population sectors represented in the NCBD: commercial, Medicaid, and Medicare. The report will also include detailed benchmark tables of survey scores for individual question items and composites for all three sectors.

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## New Web Site Address for NCBD

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The NCBD Web site address has been changed. The URL is now: <http://ncbd.cahps.org/>. Access to the site no longer requires a password or I.D.

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## Data Submission Deadlines for 2001

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Survey sponsors wishing to participate in NCBD Phase IV (2001) must submit their CAHPS 2.0 or 2.0H survey data and other requested information as follows:

### Commercial Sponsors:

- Deadline for Submitting Data Files: August 1, 2001
- Target Date for Distribution of Benchmark Reports: October 31, 2001

### Medicaid Sponsors:

- Deadline for Submitting Data Files: September 1, 2001
- Target Date for Distribution of Benchmark Reports: November 30, 2001

Sponsors are reminded that submission of accurate, properly formatted data is essential for timely delivery of sponsor reports. Specifications for data submission are posted on the NCBD Web site (<http://ncbd.cahps.org/>).

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## NCBD Sponsors to Meet at CAHPS Users Group Meeting in March

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The next national CAHPS User Group Meeting will be held on March 8-9, 2001 in Las Vegas, Nevada. Agenda and registration information is available by calling the CAHPS Survey Users Network at 1-800-492-9261.

As one of the break-out sessions, NCBD will be convening a discussion group with NCBD sponsor participants from health plans, state purchaser groups, and employer purchasing groups. These NCBD sponsor discussion groups will provide sponsors the opportunity to share experiences and learn from others about both technical and political issues related to the use of NCBD data.

# NCBD News

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## **Sponsor Spotlight: Michigan Medicaid Quality Initiative**

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In 1997, the Michigan Department of Community Health (MDCH) began implementation of the Comprehensive Health Care Plan (CHCP) program. Contracted health plans in the CHCP program are known as Qualified Health Plans (QHPs). The CHCP program was designed to enroll Medicaid beneficiaries into competitively bid full risk capitated arrangements. As of June 2000, MDCH had a total of 1,058,269 Medicaid beneficiaries. Of these, 717,118 are enrolled with the 27 contracted QHPs.

As part of its quality oversight of QHPs, Michigan has established a three-year contract with an NCQA certified vendor to conduct CAHPS 2.0H surveys of both the adult and child Medicaid population. Medicaid QHPs participating in HEDIS are required to perform an annual CAHPS survey.

In 1999, the vendor analyzed the CAHPS data from both the adult and child surveys to produce comprehensive health plan specific reports and a statewide managed care report in which the health plan data was weighted, providing an overall analysis of the Medicaid managed care population. The results of the plan specific reports have been condensed into a summarized version available on the MDCH web site at [www.mdch.state.mi.us/msa/mmhpd/](http://www.mdch.state.mi.us/msa/mmhpd/).

MDCH uses the survey results in a number of ways. In June 2000, they produced a consumer guide, which ranks health plans on the basis of quality performance. The guide included several individual questions and composite scores from both the adult and child surveys. Additionally, MDCH partnered with a major university to provide assistance in further analysis of survey response rates. Through this collaborative effort they hope to identify opportunities to assist plans in improving response rates over the next one to two years. MDCH is also in the process of developing criteria for benchmark plans, recognizing excellent performers. Survey scores will be a component of the scoring methodology.

Michigan is pleased to participate in the NCBD project and will provide CAHPS survey data from the health plans included in this year's initiative. We look forward to the release of comparative data to further assist our quality improvement efforts with the contracted QHPs. For additional information, please contact Joyce Hight at [hightj@state.mi.us](mailto:hightj@state.mi.us).

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## **NCQA Approves Questions for Children with Special Healthcare Needs**

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The National Committee for Quality Assurance (NCQA) adopted recommendations by the Child and Adolescent Health Measurement Initiative to incorporate screener and supplemental questions assessing quality of care for children with special healthcare needs (CSHCN). Development of this new indicator was supported by use of data from the NCBD 1.0 Medicaid Child data, which allowed evaluation of prior versions of the CSHCN screener questions and assessment of differences between healthy and chronically ill children. Next steps for this indicator are public comment in early 2001 with potential deployment later that year.

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## **Research Highlights: Eliminating Racial and Ethnic Disparities in Health**

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This issue features findings from a study of racial and ethnic disparities by Nicole Lurie, Principal Deputy Assistant Secretary of Health for the United States Department of Health and Human Services and Judith Sangl and Chunliu Zhan of the Agency for Healthcare Research and Quality.

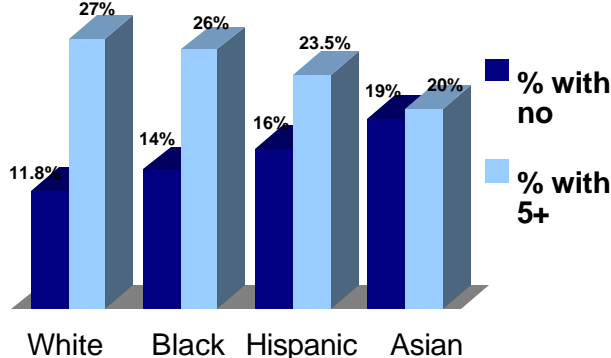
The researcher's central question was: Are there racial/ethnic differences in experience with health care and health plan among a commercially insured population as measured by (1) the CAHPS ratings and reports and (2) consumer reports of access, i.e., having a personal doctor and receiving at least one annual visit? To answer the question, the researchers compared responses from 4 racial/ethnic categories: Hispanic, white/non-Hispanic, Black/non-Hispanic and Asian.

# NCBD News

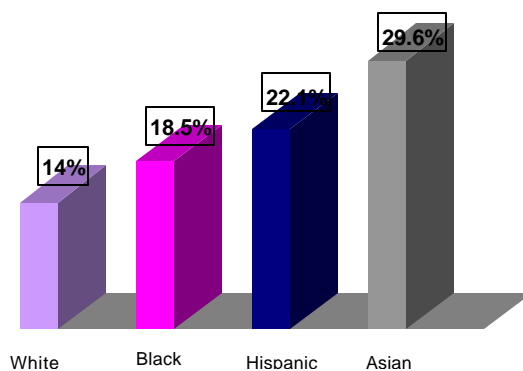
On the 9 CAHPS global ratings and composite report measures, blacks scored higher on 8 out of 9 measures while Asians scored lower on 7 out of 9 measures, compared to whites. Ratings from Hispanics were mixed, with one third higher, one-third lower and one-third equal to whites.

In terms of consumer reports of access, the study found disparities in the percentage of people who received office visits and those without a personal doctor as illustrated by the following graphs:

**Sample Description: Office Visits in the Past Year**

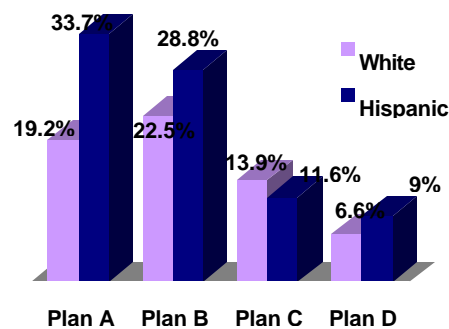


**Sample Description: Percent a Personal Doctor**



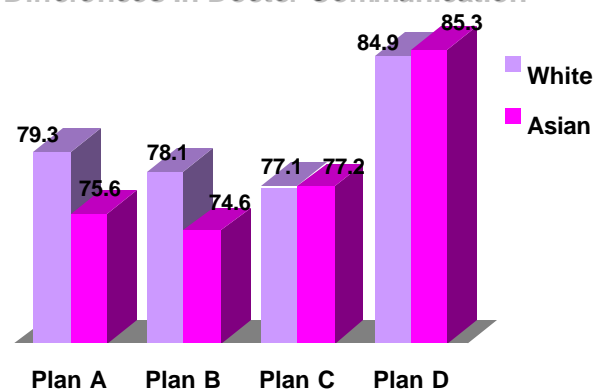
Further examination of certain plans with sufficient sample sizes of minority groups shows that some health plans do a better job in assuring access and providing care, as illustrated in the following graph:

**Plan Examples of Hispanic/White Differences - Percent With No Personal Doctor**



The researchers also found some differences in ratings and composite results by racial/ethnic category across plans as illustrated below:

**Plan Examples of Asian/White Differences In Doctor Communication**



Lurie, Sangl and Zhan acknowledged that it is not possible to determine if the ratings differences were the result of actual experience, or differences in expectations or measurement response. But the discrepancy between lower access to care for non-whites and the generally higher CAHPS ratings suggests that lower expectations may play a role.

Based on their results, the researchers identified four specific opportunities for improvement:

- ◆ Reduce disparities in usual source of care and those getting any care

# NCBD News

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- ◆ Examine barriers – especially for Hispanics and Asian-Americans
- ◆ Examine quality for racial/ethnic subgroups
- ◆ Assure that all groups get equal quality care

Contact Judith Sangl ([jsangl@ahrq.gov](mailto:jsangl@ahrq.gov)) or Chunliu Zhan ([czhan@ahrq.gov](mailto:czhan@ahrq.gov)) for more information.

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## NCBD Welcomes Two New Advisory Group Members

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We are pleased to welcome two new members to the NCBD Advisory Group:

**Liz Goldstein**, Ph.D., Director of the Division of Beneficiary Analysis at HCFA's Center for Beneficiary Services, replaces Tom Reilly who recently moved over to the Center for Quality Measurement and Improvement at AHRQ. Liz is responsible for all CAHPS survey initiatives at HCFA, including Medicare Managed Care CAHPS.

**Daniel B. Wolfson**, President and CEO of the Alliance for Community Health Plans (ACHP), replaces Kathy Coltin in representing health plan perspectives on the NCBD. Dan was involved in the early development of HEDIS and has been a strong proponent of CAHPS. The ACHP is an alliance of 22 leading not-for-profit and provider-based health plans serving more than 8 million Americans in 20 states and the District of Columbia.

A current list of Advisory Group members is posted on the NCBD Web site (<http://ncbd.cahps.org/>).